

641—155.25(125) Specific standards for assessment and evaluation programs.**155.25(1) Definitions.**

“Acute intoxication or withdrawal potential” is a category to be considered in the ASAM-PPC-2 placement, continued stay, and discharge criteria. This category evaluates client/patient’s current status of intoxication and potential for withdrawal complications as it impacts on level of care decision making. Historical information about client/patient’s withdrawal patterns may also be considered.

“Admission” means the point in an individual’s relationship with the program at which the evaluation, placement screening and assessment process has been completed and the individual is entitled to receive treatment services.

“Admission criteria” means specific ASAM-PPC-2 criteria to be considered in determining appropriate client/patient placement and resultant referral to a level of care. Criteria vary in intensity and are organized into six categories: acute intoxication or withdrawal potential, biomedical conditions or complications, emotional/behavioral conditions or complications, treatment resistance/acceptance, relapse potential, and recovery environment.

“ASAM-PPC-2” means the American Society of Addiction Medicine, Patient Placement Criteria for the Treatment of Substance-Related Disorders, Second Edition.

“Assessment” means the ongoing process of identifying a diagnosis, ruling out other diagnoses, and determining the level of care needed by the client.

“Biomedical condition or complication” means one category to be considered in ASAM-PPC-2 placement, continued stay, and discharge criteria. This category evaluates client/patient’s current physical condition as it impacts on level of care decision making. Historical information on client/patient’s medical/physical functioning may also be considered.

“Case management” means the process of using predefined criteria to evaluate the necessity and appropriateness of client care.

“Chemical dependency” means alcohol or drug dependence or psychoactive substance use disorder as defined by current Diagnostic and Statistical Manual for Mental Disorders, Fourth Edition (DSM-IV) criteria or by other standardized and widely accepted criteria.

“Client/patient” means an individual who has a substance abuse problem or is chemically dependent, has been assessed as appropriate for services, and for whom screening procedures have been completed.

“Clinically managed high-intensity residential services” (Level III.5) offers high-intensity residential services designed to address significant problems with living skills. The prime example of Level III.5 care is the therapeutic community, which provides a highly structured recovery environment in combination with moderate- to high-intensity professional clinical services to support and promote recovery. (Reference ASAM-PPC-2)

“Clinically managed low-intensity residential services” (Level III.1) offers low-intensity professional addiction treatment services at least five hours a week. Treatment is directed toward applying recovery skills, preventing relapse, promoting personal responsibility and reintegrating the resident into the worlds of work, education, and family life. The services provided may include individual, group and family therapy. Mutual/self-help meetings usually are available on site. (Reference ASAM-PPC-2)

“Clinically managed medium-intensity residential services” (Level III.3) is frequently referred to as extended or long-term care. Level III.3 programs provide a structured recovery environment in combination with medium-intensity professional clinical services to support and promote recovery. (Reference ASAM-PPC-2)

“Clinical oversight” means oversight provided by an individual who, by virtue of education, training or experience, is capable of assessing the psychosocial history of a substance abuser to determine the treatment plan most appropriate for the client. The person providing oversight shall be designated by the applicant.

“Continued stay criteria” means specific ASAM-PPC-2 criteria to be considered in determining appropriate client/patient placement for continued stay at a level of care or referral to a more appropriate level of care. Criteria vary in intensity and are organized into six categories: acute intoxication or

withdrawal potential; biomedical conditions or complications; emotional/behavioral conditions or complications; treatment resistance/acceptance; relapse potential; and recovery environment.

“Continuing care” means Level I service of ASAM-PPC-2 placement criteria, which provides a specific period of structured therapeutic involvement designed to enhance, facilitate and promote transition from primary care to ongoing recovery. (Reference ASAM-PPC-2)

“Detoxification” means the process of eliminating the toxic effects of drugs and alcohol from the body. Supervised detoxification methods include social detoxification and medical monitoring or management and are intended to avoid withdrawal complications. (Reference ASAM-PPC-2 for detoxification level of care)

“Emotional/behavioral conditions or complications” is a category to be considered in ASAM-PPC-2 placement criteria. This category evaluates client/patient’s current emotional/behavioral status as it impacts on level of care decision making. Emotional/behavioral status may include, but is not limited to, anxiety, depression, impulsivity, and guilt and the behavior that accompanies or follows these emotional states. Historical information on client/patient’s emotional/behavioral functioning may also be considered.

“Evaluation” means the process to evaluate the client/patient’s strengths, weaknesses, problems, and needs for the purpose of defining a course of treatment. This includes use of the standardized placement screening and any additional client/patient profile information and recommendation to an appropriate level of care.

“Intake” means gathering additional assessment information at the time of admission to services.

“Intensive outpatient treatment” (Level II.1) programs generally provide nine or more hours of structured programming per week, consisting primarily of counseling and education concerning alcohol and other drug problems. Intensive outpatient treatment differs from partial hospitalization (Level II.5) in the intensity of clinical services that are directly available; specifically, intensive outpatient treatment has less capacity to effectively treat individuals who have substantial medical and psychiatric problems.

“Levels of care” is a general term that encompasses the different options for treatment that vary according to the intensity of the services offered. Each treatment option in the client/patient placement criteria is a level of care.

“Recovery environment” means one category to be considered in the ASAM-PPC-2 placement, continued stay and discharge criteria. This category evaluates client/patient’s current recovery environment as it impacts on level of care decision making. Recovery environment may include, but is not limited to, current relationships and degree of support for recovery, current housing, employment situation, and availability of alternatives. Historical information on client/patient’s recovery environment may also be considered.

“Relapse” means progressive irresponsible, inappropriate and dysfunctional behavior patterns that could lead to resumption of alcohol or drug use. “Relapse” also refers to the resumption of alcohol or drug use.

“Relapse potential” means a category to be considered in ASAM-PPC-2 placement, continued stay, and discharge criteria. This category evaluates client/patient’s current relapse potential as it impacts on level of care decision making. Relapse potential may include, but is not limited to, current statements by client/patient about relapse potential, reports from others on client/patient’s potential for relapse, and assessment by clinical staff. Historical information on client/patient’s relapse potential may also be considered.

“Screening” means the process by which a client/patient is determined appropriate and eligible for admission to a particular program or level of care. The focus is on the minimum criteria necessary for appropriateness/eligibility.

“Sole practitioner” means an individual incorporated under the laws of the state of Iowa.

“Substance abuser” means a person who lacks self-control as to the use of chemical substances or uses chemical substances to the extent that the person’s health is substantially impaired or endangered or that the person’s social or economic function is substantially disrupted.

“Treatment acceptance/resistance” is a category to be considered in ASAM-PPC-2 placement, continued stay, and discharge criteria. This category evaluates client/patient’s current treatment

acceptance/resistance as it impacts on level of care decision making. Treatment acceptance/resistance may include, but is not limited to, current statements by client/patient about treatment acceptance/resistance, reports from others on client/patient treatment acceptance/resistance, and assessment by clinical staff on client/patient motivation. Historical information on client/patient may also be considered.

155.25(2) *Governing body.* Each program shall have a formally designated governing body that is representative of the community being served, complies with the Iowa Code and is the ultimate authority for the overall program operations. Persons in private practice as sole practitioners shall be exempt from this subrule.

a. The governing body shall develop and adopt written bylaws and policies that define the powers and duties of the governing body, its committees, advisory groups, and the executive director. These bylaws shall be reviewed and revised by the governing body as necessary.

b. The bylaws shall minimally specify the following:

- (1) The type of membership;
- (2) The term of appointment;
- (3) The frequency of meetings;
- (4) The attendance requirements; and
- (5) The quorum necessary to transact business.

c. Minutes of all meetings shall be kept and be available for review by the department and shall include, but not necessarily be limited to:

- (1) Date of the meeting;
- (2) Names of members attending;
- (3) Topics discussed; and
- (4) Decisions reached and actions taken.

d. The duties of the governing body shall include, but not necessarily be limited to, the following:

- (1) Appointment of a qualified executive director who shall have the responsibility and authority for the management of the program in accordance with the governing body's established policies;
- (2) Establish an effective control which will ensure that quality services are delivered;
- (3) Review and approve the program's annual budget; and
- (4) Approve all contracts.

e. The governing body shall develop and approve policies for the effective operation of the program.

f. The governing body shall be responsible for all funds, equipment, supplies and the facility in which the program operates. The governing body shall be responsible for the appropriateness and adequacy of services provided by the program.

g. The governing body shall at least annually prepare a report which will include, but not necessarily be limited to, the following items:

- (1) The name, address, occupation, and place of employment of each governing body member;
- (2) Any family relationship which a member of the governing body may have to a program staff member; and
- (3) Where applicable, the names and addresses of all owners or controlling parties whether they are individuals, partnerships, corporation body, or subdivision of other bodies, such as a public agency, or religious group, fraternity, or other philanthropic organization.

h. The governing body shall assume responsibility in seeing that the program has malpractice and liability insurance and a fidelity bond.

155.25(3) *Executive director.* This individual shall have primary responsibility for the overall program operations. The duties of the executive director shall be clearly defined by the governing authority, when applicable.

155.25(4) *Clinical oversight.* The program shall have appropriate clinical oversight to ensure quality of clinical services provided to client/patients. This may be provided in house or through a consultation agreement.

155.25(5) *Staff development and training.* There shall be written policies and procedures that establish staff development. Staff development shall include orientation for staff and opportunities for continuing job-related education. For corporations organized under Iowa Code chapter 496C and sole practitioners, documentation of continuing education to maintain professional license or substance abuse certification will meet the requirement of this subrule.

a. Evidence of professional education, substance abuse certification or licensing, or orientation which includes the following: psychosocial, medical, pharmacological, confidentiality, tuberculosis, community resources; screening, evaluation, HIV/AIDS (Human Immunodeficiency Virus/Acquired Immune Deficiency Syndrome) information/education; and the attitudes, values and lifestyles of racially diverse cultures, other cultures and special populations.

b. Staff development shall ensure that staff members are kept informed of new developments in the field of substance abuse screening, evaluation and placement.

155.25(6) *Management information system.* Programs receiving Medicaid or state funding and programs performing OWI evaluation in accordance with 641—Chapter 157 shall submit client data to the Iowa Department of Public Health, Division of Behavioral Health and Professional Licensure, Lucas State Office Building, 321 East 12th Street, Des Moines, Iowa 50319-0075, in accordance with substance abuse reporting system procedures.

155.25(7) *Procedures manual.* All programs shall develop and maintain a procedures manual. This manual shall define the program's policies and procedures to reflect the program's activities. Revisions shall be entered with the date, name and title of the individual making the entries. This manual shall contain all of the required written policies, procedures, definitions, and all other documentation required by these standards in the following areas:

- a.* Legal authority and organization;
- b.* Personnel policies, except for sole practitioner;
- c.* Emergency medical services;
- d.* Staff development;
- e.* Maintenance of client case records;
- f.* Confidentiality of client records;
- g.* Clinical services, such as placement screening, evaluation and assessment; and
- h.* Relationship with other providers.

155.25(8) *Fiscal management.* The program shall ensure proper fiscal management.

a. The fiscal management system shall be maintained in accordance with generally accepted accounting principles, including internal controls to reasonably protect the agency assets.

b. The OWI evaluation fee schedule shall be made public, and the client/patient shall be informed of the fee schedule at the time of scheduling the evaluation.

c. There shall be an insurance program that provides for the protection of the physical and financial resources of the program which provides coverage for all people, buildings, and equipment. The insurance program shall be reviewed annually by the governing body.

155.25(9) *Personnel.* Written personnel policies and procedures shall be developed, except for the sole practitioner.

a. These policies and procedures shall address the following areas:

- (1) Recruitment, selection, and certification of staff members;
- (2) Wage and salary administration;
- (3) Promotions;
- (4) Employee benefits;
- (5) Working hours;
- (6) Vacation and sick leave;
- (7) Lines of authority;
- (8) Rules of conduct;
- (9) Disciplinary actions and termination of employees;
- (10) Methods for handling cases of inappropriate client care;
- (11) Work performance appraisal;

- (12) Employee accidents and safety;
- (13) Employee grievances; and
- (14) Policy on staff persons suspected of using or abusing substances.

b. The written personnel policies and practices shall include an equal employment opportunity policy and an affirmative action plan for hiring members of protected classes.

c. There shall be written job descriptions that reflect the actual job situation.

d. The written personnel policies and practices shall include a mechanism for a written evaluation of personnel performance on at least an annual basis. There shall be evidence that this evaluation is reviewed with the employee and that the employee is given the opportunity to respond to this evaluation.

e. There shall be a personnel record kept on each staff member. These records shall contain as applicable:

- (1) Verification of training, experience, and all professional credentials relevant to the position;
- (2) Job performance evaluations;
- (3) Incident reports;
- (4) Disciplinary actions taken; and
- (5) Documentation of review and adherence to confidentiality laws and regulations. This review and agreement shall occur prior to assumption of duties.

f. There shall be written policies and procedures designed to ensure confidentiality of personnel records and a delineation of authorized personnel who have access to various types of personnel information.

155.25(10) Professional qualifications.

a. Personnel conducting screenings, placements, and assessments shall be certified through the Iowa board of substance abuse certification, or certified by an international certification and reciprocity consortium member board in the states of Illinois, Minnesota, Nebraska, Missouri, South Dakota, and Wisconsin; or be eligible for certification or have education, training, or experience in the substance abuse field.

b. The sole practitioner shall subscribe to a code of conduct such as that found in professional certification or licensure.

155.25(11) Child abuse/criminal records check.

a. Written policies and procedures shall prohibit mistreatment, neglect, or abuse of children and specify reporting and enforcement procedures for the program. Alleged violations shall be reported immediately to the director of the facility and appropriate department of human services personnel. Written policies and procedures on reporting alleged violations shall be in compliance with the department of human services, 42 CFR, Part 2, regulations on confidentiality of alcohol and drug abuse client records. Any employee found to be in violation of Iowa Code chapter 232, division III, part 2, as substantiated by the department of human services' investigation shall be subject to the agency's policies concerning dismissal.

b. For each employee working within a juvenile service area, the following shall be documented:

(1) Documentation of a criminal records check with the Iowa division of criminal investigation on all new applicants for employment asking whether the applicant has been convicted of a crime.

(2) A written, signed, and dated statement furnished by a new applicant for employment which discloses any substantiated reports of child abuse, neglect, or sexual abuse that may exist on the applicant.

(3) Documentation of a check after hiring on probationary or temporary status, but prior to permanently employing the individual with the Iowa central child abuse registry for any substantiated reports of child abuse, neglect, or sexual abuse.

(4) A person who has a record of a criminal conviction or founded child abuse report shall not be employed, unless an evaluation of the crime or founded child abuse has been made by the department of human services which concludes that the crime or founded child abuse does not merit prohibition of employment. If a record of criminal conviction or founded child abuse exists, the person shall be offered the opportunity to complete and submit Form 470-2310, Record Check Evaluation. In its evaluation, the department of human services shall consider the nature and seriousness of the crime or founded abuse in relation to the position sought, the time elapsed since the commission of the crime or founded abuse,

the circumstances under which the crime or founded abuse was committed, the degree of rehabilitation, and the number of crimes or founded abuses committed by the person involved.

c. Each treatment staff member shall complete two hours of training relating to the identification and reporting of child abuse and dependent adult abuse within six months of initial employment, and at least two hours of additional training every five years thereafter.

155.25(12) Client case record maintenance. There shall be written policies and procedures governing the compilation, storage and dissemination of individual client case records.

a. These policies and procedures shall ensure that:

(1) The program exercises its responsibility for safeguarding and protecting the client case record against loss, tampering, or unauthorized disclosure of information;

(2) Content and format of client records are kept uniform; and

(3) Entries in the client case record are signed and dated.

b. The program shall provide adequate physical facilities for the storage, processing, and handling of client case records. These facilities shall include suitably locked, secured rooms or file cabinets.

c. Appropriate records shall be readily accessible to those staff members providing services directly to the client and other individuals specifically authorized by program policy.

d. There shall be a written policy governing the disposal and maintenance of client case records. Client case records shall be maintained for not less than five years from the date they are officially closed.

e. Each file cabinet or storage area containing client/patient case records shall be locked.

f. Policies shall be established that specify the conditions under which information on applicants or clients may be released and the procedures to be followed for releasing such information. All such policies and procedures shall be in accordance with the federal confidentiality regulations, "Confidentiality of Alcohol and Drug Abuse Patient Records," 42 CFR, Part 2, effective June 9, 1987, which implement federal statutory provisions, 42 U.S.C. 290dd-3 applicable to alcohol abuse patient records, and 42 U.S.C. 290ee-3 applicable to drug abuse patient records, and state confidentiality laws and regulations.

g. Confidentiality of alcohol and drug abuse patient records. The confidentiality of alcohol and drug abuse patient records maintained by a program is protected by the "Confidentiality of Alcohol and Drug Abuse Patient Records" regulations, 42 CFR, Part 2, effective June 9, 1987, which implement federal statutory provisions, 42 U.S.C. 290dd-3 applicable to alcohol abuse patient records, and 42 U.S.C. 290ee-3 applicable to drug abuse patient records.

155.25(13) Placement screening, evaluation and assessment. There shall be clearly stated written criteria for determining the eligibility of individuals for placement screening evaluation and assessment.

a. The program shall have written policies and procedures governing a uniform process that defines:

(1) Procedures to be followed when accepting referrals from outside agencies or organizations;

(2) The types of records to be kept on all individuals applying for services.

b. The program shall conduct a screening, which shall include evaluation of the ASAM-PPC-2 for determining the recommendation of individuals for placement into a level of care.

c. At the time of screening, documentation shall be made that the individual has been informed of:

(1) Evaluation costs to be borne by the client, if any;

(2) Client's rights and responsibilities; and

(3) Confidentiality laws, rules and regulations.

d. Sufficient information shall be collected during the screening and evaluation process so that a recommendation can be made for placement into a level of care.

e. The results of the screening and evaluation process shall be clearly explained to the client and to the client's family when appropriate. This shall be documented in the client record.

f. Programs conducting screenings and evaluations on persons convicted of operating a motor vehicle while intoxicated (OWI), Iowa Code section 321J.2, and persons whose driver's license or nonresident operating privileges are revoked under chapter 321J, shall do so in accord with and adhere to 641—Chapter 157.

155.25(14) *Client case record contents.* There shall be a case record for each client that contains:

- a. Results of all examinations, tests, and screening and admissions information;
- b. Reports from referring sources when applicable;
- c. Reports from outside resources shall be dated and include the name of the resource;
- d. Multidisciplinary case conference and consultation notes, including the date of the conference or consultation, recommendations made, actions taken, and individuals involved when applicable;
- e. Correspondence related to the client, including all letters and dated notations of telephone conversations relevant to the client's treatment;
- f. Information release forms;
- g. Records of services provided; and
- h. Management information system or other appropriate data forms.

155.25(15) *Emergency medical services.* The program shall ensure that emergency medical services are available through an affiliation agreement or contract or policy and procedure.

155.25(16) *Management of care.* The program shall ensure appropriate level of care utilization by implementing and maintaining the written placement screening.

155.25(17) *Building construction and safety.* All buildings in which clients receive treatment shall be designed, constructed, equipped, and maintained in a manner that is designed to provide for the physical safety of clients, personnel, and visitors.

a. All programs shall have written policies and procedures to provide a safe environment for clients, personnel and visitors. The program shall have written policies and procedures for the maintenance, supervision, and safe use of all its grounds and equipment.

b. Safety education shall include orientation of new employees to general facilitywide safety practices.

155.25(18) *Outpatient facility.* The outpatient facility shall be safe, clean, well ventilated, properly heated and in good repair.

a. The facility shall be appropriate for providing services available from the program and for protecting client confidentiality.

b. Furniture shall be clean and in good repair.

c. Written reports of annual inspections by state or local fire safety officials and records of corrective action taken by the program on recommendations articulated in such reports shall be maintained.

d. There shall be a written plan outlining procedures to be followed in the event of fire and tornado. This plan shall be conspicuously displayed at the facility.

e. All services shall be accessible to people with disabilities, or the program shall have written policies and procedures that describe how people with disabilities can gain access to the facility for necessary services.

f. The program shall ensure confidentiality of clients receiving services.

g. Smoking shall be prohibited except in designated areas.

155.25(19) *Client rights.* The program shall maintain written policies and procedures that ensure that the legal and human rights of clients participating in the program shall be observed and protected.

a. There shall be procedures to inform all clients of their legal and human rights at the time of evaluation.

b. There shall be documentation of the implementation of these procedures.

c. There shall be written policies and procedures for:

- (1) Clients' communications, e.g., opinions, recommendations;
- (2) Client grievances, with a mechanism for redress;
- (3) Prohibition of sexual harassment; and
- (4) Implementation of the Americans with Disabilities Act.

d. There shall be procedures designed to protect the clients' rights and privacy.

155.25(20) *Administrative and procedural standards.* The program shall comply with the following rules:

- a. 641—155.2(125) Licensing.

- b.* 641—155.3(125) Type of licenses.
- c.* 641—155.4(125) Nonassignability.
- d.* 641—155.5(125) Application procedures.
- e.* 641—155.6(125) Application review.
- f.* 641—155.7(125) Inspection of licensees.
- g.* 641—155.8(125) Licenses—renewal.
- h.* 641—155.9(125) Corrective action plan.
- i.* 641—155.10(125) Grounds for denial of initial license.
- j.* 641—155.11(125) Suspension, revocation, or refusal to renew a license.
- k.* 641—155.12(125) Contested case hearing.
- l.* 641—155.13(125) Rehearing application.
- m.* 641—155.14(125) Judicial review.
- n.* 641—155.15(125) Reissuance or reinstatement.
- o.* 641—155.16(125) Complaints.
- p.* 641—155.17 Reserved.
- q.* 641—155.18(125) Deemed status.
- r.* 641—155.19(125) Funding.
- s.* 641—155.20(125) Inspection.

This rule is intended to implement Iowa Code section 125.13.